

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 17 AM 10:41

DOCUMENT # K20075 (3)

1. Corporation Name
NAPLES AMERICAN INVESTMENTS, INC.

Principal Place of Business C/O RICHARD C. GRANT, ESQ. 5551 RIDGEWOOD DRIVE, SUITE 501 NAPLES FL 33963	Mailing Address C/O RICHARD C. GRANT, ESQ. 5551 RIDGEWOOD DRIVE, SUITE 501 NAPLES FL 33963
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/05/1988	3a. Date of Last Report 05/18/1994
21		26		4. FEI Number 65-0045465	Applied For <input type="checkbox"/> Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent GRANT, RICHARD C ESQ. C/O MERSHON, SAWYER, JOHNSTON, ET AL 5551 RIDGEWOOD DRIVE, SUITE 501 NAPLES FL 33963				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	5801 Pelican Bay Blvd. Suite 400
				83	
				84 City	Naples FL 33963

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **3-14-95**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	Secretary and Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEIN, EMANUEL	1.2 NAME	
STREET ADDRESS	STARKFREIDGASSE 31	1.3 STREET ADDRESS	
CITY-ST-ZIP	VIENNA, AUSTRIA	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	President and Director <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEUTNER, ERIK	2.2 NAME	
STREET ADDRESS	COBENZIGASSE 09-707-7	2.3 STREET ADDRESS	
CITY-ST-ZIP	WIEN, AUSTRIA	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STUEHLER, ALFRED	3.2 NAME	
STREET ADDRESS	KAASGRABENGASSE 67	3.3 STREET ADDRESS	
CITY-ST-ZIP	VIENNA, AUSTRIA	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	Trustee & Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOHM, LEOPOLD	4.2 NAME	
STREET ADDRESS	A-1190 SCHREIBERWEG 49	4.3 STREET ADDRESS	
CITY-ST-ZIP	VIENNA, AUSTRIA	4.4 CITY-ST-ZIP	
TITLE	P	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADNO, BARI	5.2 NAME	
STREET ADDRESS	5404 ISLAND AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	SEMIOLAN FL 34842	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information included in this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if applicable, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **3-14-95**
Signature and typed or printed name of signing officer or director